



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH MOORESVILLE

City of Hospital: Mooresville

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Brian Jamison

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Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$123258051
Outpatient Patient Service Revenue	\$478593618
Total Gross Patient Service Revenue	\$601851669

2. Deductions From Revenue

Contractual Allowance	\$439573009
Other Deductions	\$13561677
Total Deductions	\$453134686

3. Total Operating Revenue

Net Patient Service Revenue	\$148716983
Other Operating Revenue	\$9174535
Total Operating Revenue	\$157891518

4. Operating Expenses

Salaries and Wages	\$34954884	Employee Benefits	\$6278374
Depreciation and Amortization	\$6636246	Interest Expense	\$0
Bad Debt	\$-171586	Other Expenses	\$60031820
Total Operating Expenses	\$107729738		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$50161781	Total Assets	\$142336963
Net Non-operating Gains over Loss	\$773951	Total Liabilities	\$-14905936

Total Net Gains	\$50935732
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$292216625	\$247163836	\$45052789
Medicaid	\$95830516	\$78830674	\$16999842
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$213804528	\$127140176	\$86664352
Total	\$601851669	\$453134686	\$148716983

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2248392	
HCI Payments	\$0		
Subtotal	\$0	\$2248392	\$-2248392
Medicaid Shortfalls	\$17256892	\$18938779	
Subtotal	\$17256892	\$21187171	\$-3930279
DSH Payments	\$0		
Subtotal	\$17256892	\$21187171	\$-3930279
Medicare Shortfalls	\$44929597	\$48446637	
Other Government Programs	\$0	\$0	
Total	\$62186489	\$69633808	\$-7447319

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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